

Meeting the Challenge: *Creating a Longitudinal Cultural Competency Curriculum*

Lauren D. Hill PhD
Pamela M. Williams MD
Kimberly Rattley MSW
William Sykora MD
Richard Tanenbaum PhD

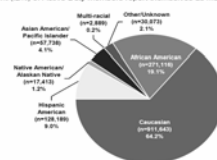


Uniformed Services University of the Health Sciences (USU)

- Federal health sciences university
- 165 students/class
 - Student body is less diverse than US population
 - Graduates will serve a population more diverse than current US population
 - Med students all active duty; graduate students are a mixture of civilian & military

2.13. Race/Ethnicity of Active Duty
(N=1,419,561)

Members who report themselves as Caucasian make up the highest percent of Active Duty members (64.2%). Members who report themselves as African American make up 19.1 percent. Hispanic American, Asian American/Pacific Islander, and Native American/Alaskan Native members make up 9.0 percent, 4.1 percent, and 1.2 percent, respectively. Less than one percent (.2%) of Active Duty members report themselves as multi-racial.



DMDC Active Duty Member File (September 2003)





- EXPORT Center funded by P20 grant from the NCMHD of the NIH
- Collaborative faculty effort:
 - USU Dept of Med/Clin Psych & Fam Med
 - Univ of MD Eastern Shore
- Core Components
 1. Research
 2. Education
 3. Training
 4. Community outreach

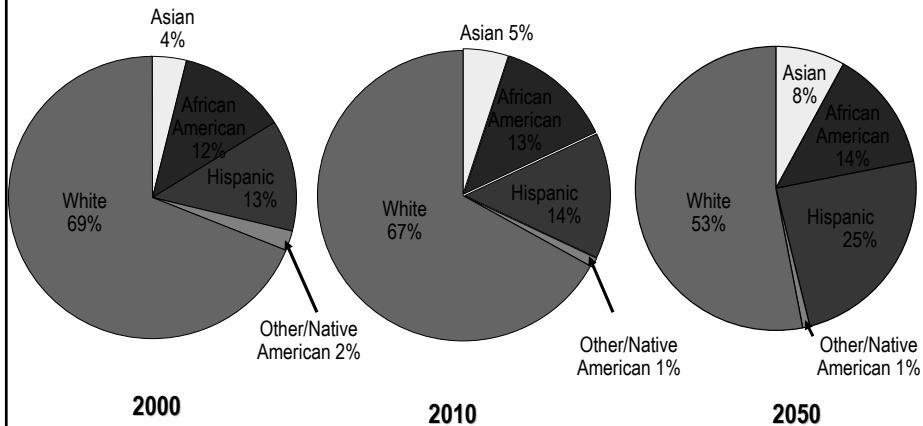


USU and USUCHD Shared Goals

- Reduce disparities
- Prepare students to care for diverse populations
- “Practice good medicine in bad places”



Projected Demographic Trends 2000-2050



Source: US Census Profile of General Demographic Characteristics, 2000.

Elimination of Health Disparities: A National Public Health Imperative



- One of two overarching goals: Eliminate health disparities
- One of five overarching goals: Eliminate Disparities in Mental Health



**PRESIDENT'S NEW FREEDOM
COMMISSION ON MENTAL HEALTH**

www.MentalHealthCommission.gov



Health Care Disparities

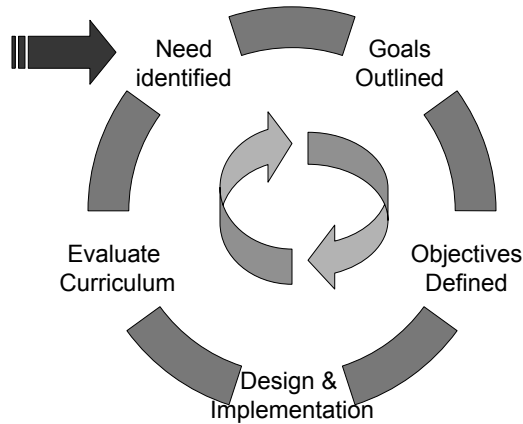
- Racial/ethnic differences in receiving needed services
- Racial/ethnic differences in quality of care, even when insured to the same degree and healthcare access issues are the same



Agenda

1. Background and context
2. Cultural competency in medical school education
3. Curriculum development strategies
4. Challenges to implementation
5. Educational methods
6. Teaching demonstration
7. Brief Q&A
8. Summary and conclusions

Curriculum Developmental Process



Assessing Needs

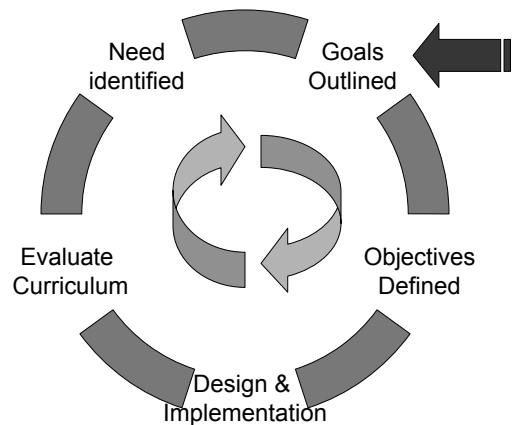
- Requirements/Mandates
 - LCME accreditation standards (2000):
 - ED-21: The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.
 - ED-22: Medical students should learn to recognize and appropriately address gender and cultural biases in health care delivery, while considering first the health of the patient.

Assessing Needs

- Learner's Needs
 - The 2005 (USMLE) Step 1: ...includes:
“gender, ethnic, and behavioral considerations affecting disease treatment and prevention, including psychosocial, cultural, occupational, and environmental”



Curriculum Developmental Process



Overall Goal

- Develop and implement a:
 - Cohesive
 - 4 year undergraduate medical education curriculum
 - Cultural issues pertinent to health care and health outcomes
 - Infused into existing curricular structure



UNIFORMED SERVICES UNIVERSITY
of the Health Sciences
 F. Edward Hébert School of Medicine

RIME Developmental Framework

	MSI	MS2	MS3	MS4	PGY1	PGY2	PGY3
Educator				I	R	P	M
Manager			I	R	P	P	M
Interpreter		I	R	P	P	P	M
Reporter	I	R	P	P	P	P	M

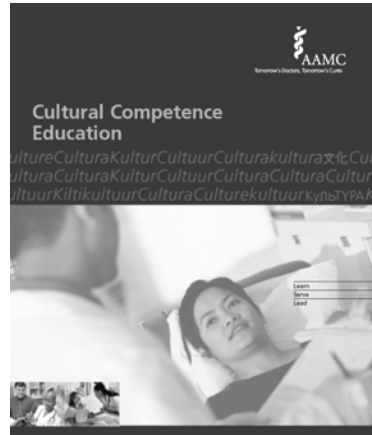


UNIFORMED SERVICES UNIVERSITY
of the Health Sciences
 F. Edward Hébert School of Medicine

I: Introduce, R: Repeat
 P: Practice, M: Master

Content

- Guided by AAMC's TACCT
 - Content Domains
 - Specific Components:
 - Knowledge
 - Skills
 - Attitudes



Challenges

- Problem: “Significant resistance to curricula that are viewed as ‘soft’ or lacking an evidence base”*
- Solutions:
 - Teach from the evidence whenever possible
 - Maximize credibility through use of interdisciplinary teams
 - Demonstrate instant applicability

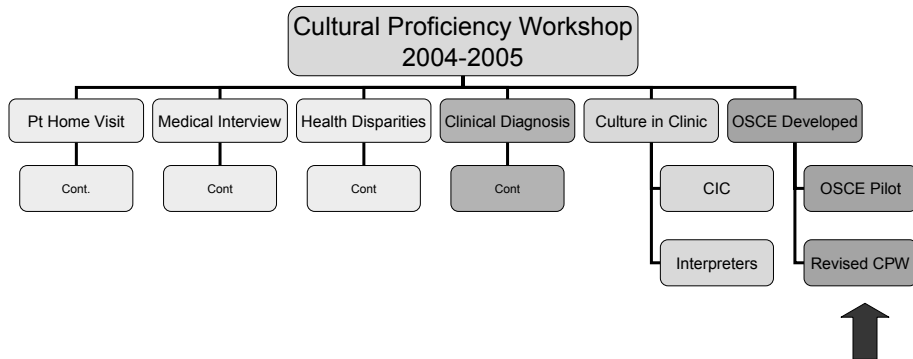
Challenges

- Problem: “Providers are accustomed to factual, practical learning, they are often disappointed when specific group cultural knowledge...is not presented.*
- Solution:
 - Judicious blend of training to improve knowledge, skills, attitudes
 - Acknowledge the risks and benefits of learning “just the facts”

Challenges

- Problem: Affectively charged topic
- Solutions:
 - Anticipate emotional responses
 - Acknowledge their presence in the classroom
 - Respond by encouraging self-reflection
 - Create a safe learning environment

USUHS Case Study



Selecting Teaching Strategies

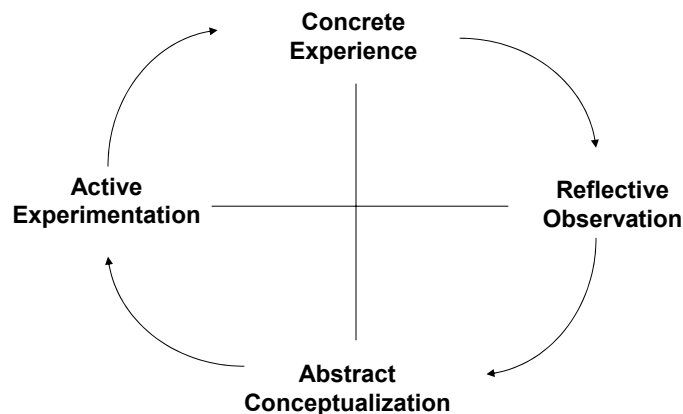
- Match teaching methods to objectives & desired outcomes.
 - Knowledge
 - Attitudes
 - Skills

Adult Learning

- Diverse; wealth of life experiences
- Content must connect to experiences and contexts
- Control over the learning experience needed; self-directed
- Sense of self is important and has influence on meaning of the learning situation



Experiential Learning Model



Teaching Demonstration



Summary and Conclusions

- Culturally diverse patient populations need culturally competent providers
- Education and training improve cultural competence
- Education requires resources and persistence
- Participate in, support and/or advocate for educational initiatives in formal settings such as medical schools and residency training sites*

* Get training yourself, as needed!

